



Training and Education Centre Hydrography at AWI

## Registration

Training unit: \_\_\_\_\_

Time period: \_\_\_\_\_

Title, Name: \_\_\_\_\_

Company, Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The training fees will be paid by me / by us before the start of the training unit to the bank account which will be indicated by TECHAWI.

Date, Signature: \_\_\_\_\_

Please send the legally binding application by fax or letter to:

TECHAWI – Training and Education Centre Hydrography at AWI e.V.  
Van-Ronzelen-Str. 2  
D - 27568 Bremerhaven, Germany  
Fax: ++49 - 471 – 4831 – 1977